

Name
in
Full

Clara Malinda Gibbons

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Near Pocomoke

Demersel-

Date

Month

Day

Years

Months

Days

of death 1903

May

20

Age

One

3

1

Sex

Female

Color or
Race

White

Birth-
place

Demersel Co

Married, Single
or Widowed

Infant -

Occupation

Name of Wife or
HusbandFather's
Name

Wm J. F. Gibbons

Father's
BirthplaceDemersel.
County.Mother's
Maiden Name

Martha A. Gibbons

Mother's
BirthplaceDemersel:
County:Name of person giving
Information

Father W. J. F. Gibbons

How related
to deceased

CAUSES OF DEATH

Primary

Whooping Cough

How long

Two months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

D. J. O. Pruitt
Pocomoke Bldg
Maryland

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chance</i>		County <i>Somerset</i>		MARYLAND	
Date of death 190	13	Month <i>May</i>	Day <i>14th</i>	Age Years	-	Months	Days
Sex	<i>male</i>		Color or Race	<i>white</i>		Birth- place	<i>Chance, MD.</i>
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				<i>Calvin Gladden</i>			
Mother's Maiden Name				<i>Carrie Frances</i>			
Name of person giving information				<i>Calvin Gladden</i>			
				Father's Birthplace			
				<i>Somerset Co.,</i>			
				Mother's Birthplace			
				<i>Somerset Co.,</i>			
				How related to deceased			
				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	-	How long	-
Immediate	-	How long	-
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>S. J. Windsor, M.D.</i>
		Address	<i>Daniel Quarter, Somerset Co., MD.</i>
Accident or Suicide?			



Name
in
Full

Author Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Samuel Quarter</i>		Town <i>Somerset</i>		County <i>Somerset</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>17th</i>	Age <i>74</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Somerset Co.</i>				
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>						
Name of Wife or Husband <i>Susan Johnson</i>							
Father's Name <i>-</i>				Father's Birthplace			
Mother's Maiden Name <i>-</i>				Mother's Birthplace			
Name of person giving information <i>Alexander Johnson</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia - 93</i>	How long <i>1 week</i>
Immediate <i>Asthemia</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Windsor, M.D.</i>
	Address <i>Samuel Quarter</i>
	<i>Somerset Co.</i>
Accident or Suicide?	



Name
in
Full

Samuel Lawson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death 1903	<i>3</i> <small>Month</small>	<i>18</i> <small>Day</small>	<i>81</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Crisfield</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Cysteman</i>				
Name of Wife or Husband <i>Ellen Lawson</i>					
Father's Name <i>W. Lawson</i>			Father's Birthplace <i>Mid</i>		
Mother's Maiden Name <i>Sallie Lawson</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>S. B. Lawson</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cancer of the Face</i>	How long <i>9 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. F. Jones</i>
	Address <i>Crisfield</i>
Accident or Suicide? <i>No</i>	<i>Ind.</i>



Name in Full

Certificate of Death

Charles Long

Died at ^{Town} Kingstown ^{County} Somerset

MARYLAND

Date 1903 ^{Month} May ^{Day} 19 ^{Y.} ^{M.} ^{D.} Age 76. ^{Native of} Maryland ^{Occupation} Farming

Male ~~Female~~ ^{White} ~~Colored~~ Married ~~Single~~ ^{Widow} ~~Widower~~ ^{Divorced} ~~Number of children living~~ 4

Husband of Millie Small

Father's Name Unknown Mother's Name Annie King

Cause of ^{Primary} Paralysis, (due to cerebral hemorrhage) ^{How long sick} 8 days

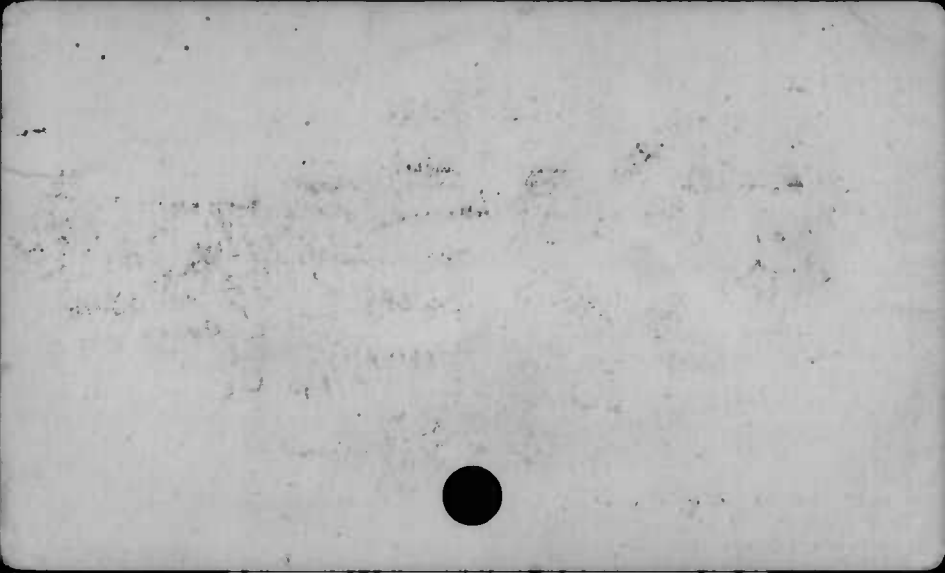
Death ^{Immediate} Coma ^{Accident, Suicide, Homicide}

Reported by J. B. Peirce M.D.

Address Marion Sta. Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70908



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *James Woodland McDaniel* County *Somerset* MARYLAND

Died at *Arvile* Town

Date of death 190 *3* Month *May* Day *12* Age *—* Years Months *9* Days *—*

Sex *Male* Color or Race *white* Birth-place *md*

Married, Single or Widowed *—* Occupation *—*

Name of Wife or Husband *—*

Father's Name *Woodland McDaniel* Father's Birthplace *md*

Mother's Maiden Name *Priscilla Shores* Mother's Birthplace *md*

Name of person giving information *Self* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

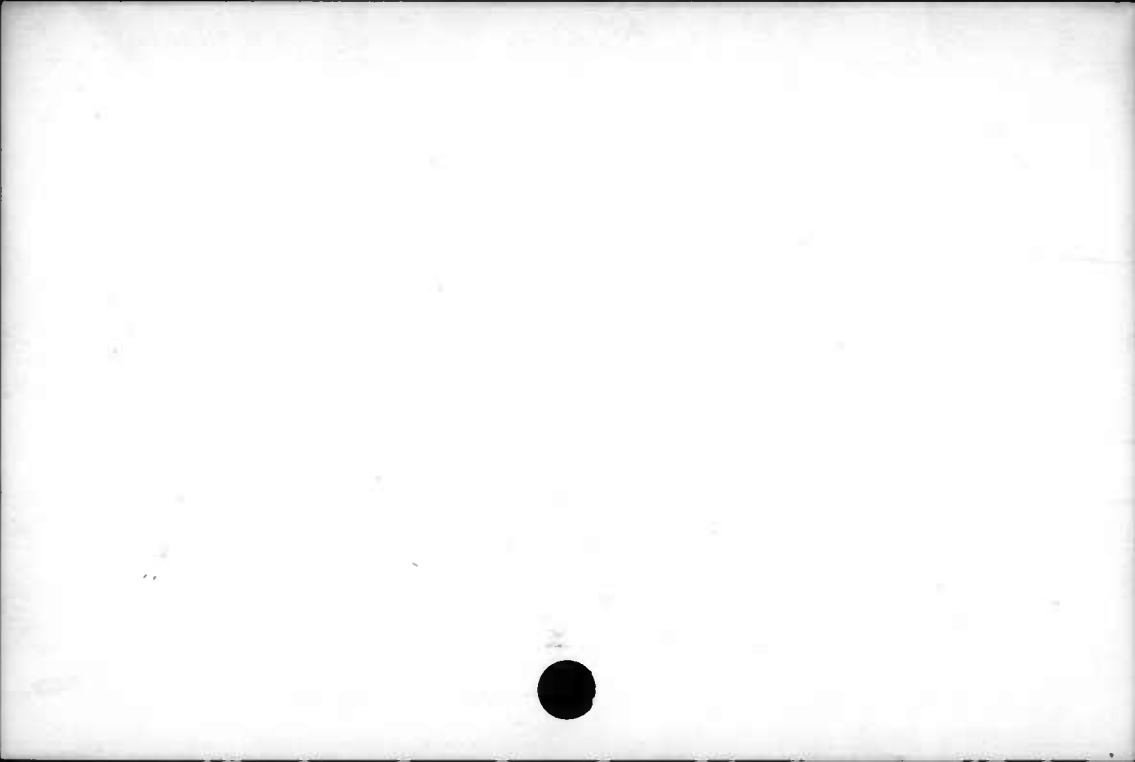
Primary *Acute meningitis* How long *4 days*

Immediate *Exhaustion* How long *2 hrs*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *R L Thayer M.D.*

Address *Arvile P.O. md*

Accident or Suicide? *No*



Name
in
Full

Nathan Melbourne

CERTIFICATE OF DEATH

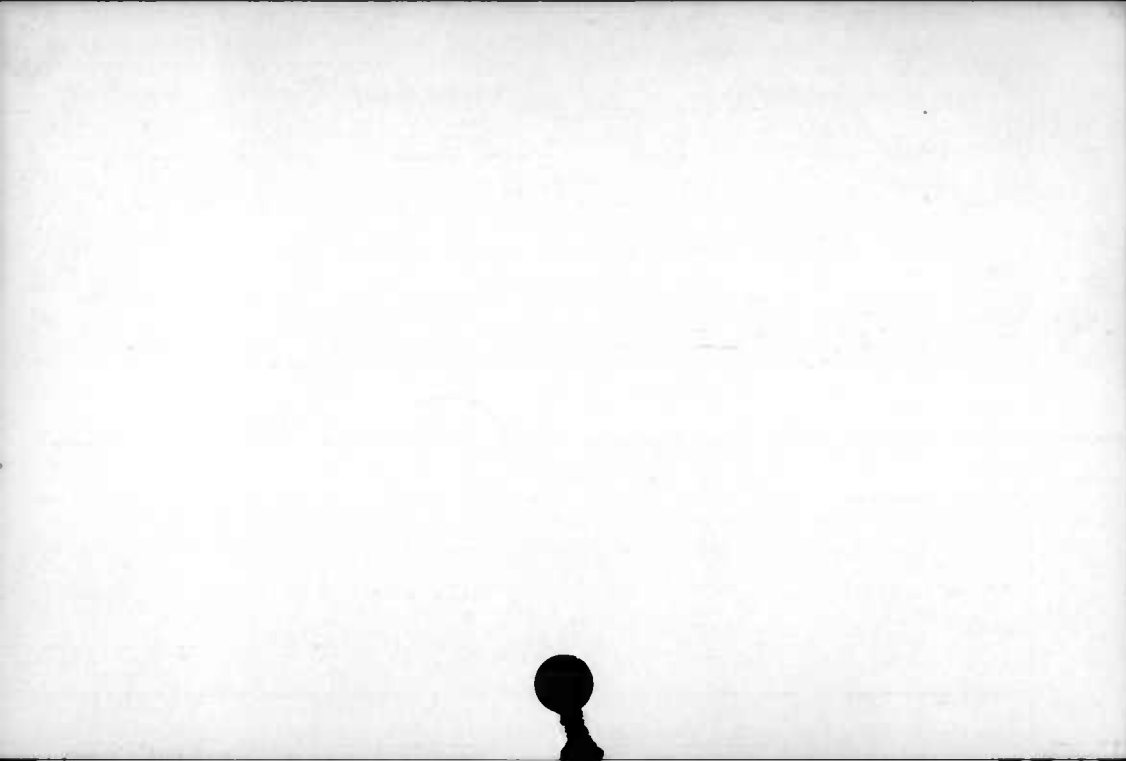
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Crisfield</u> ^{Town}		<u>Somerset</u> ^{County}		MARYLAND	
Date of death 190	<u>3</u> ^{Month}	<u>18</u> ^{Day}	Age <u>69</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Somerset Co</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Farming</u>		
Name of Wife or Husband <u>Lizzie Melbourne</u>					
Father's Name <u>Not Known</u>			Father's Birthplace		
Mother's Maiden Name <u>Not Known</u>			Mother's Birthplace		
Name of person giving information			How related to deceased <u>41</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cancer of rectum</u>	How long	<u>one year</u>
Immediate	<u> </u>	How long	<u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>W. F. Hall</u>	
		Address <u>Crisfield Md.</u>	
Accident or Suicide? <u> </u>			



Name in Full

Certificate of Death

Name in Full *Mr S. Carver*
 Died at *Crisfield* Town, *Somerset* County, *MARYLAND*
 Date 19*03* Month *May* Day *1st* Y. M. D. Native of *md* Occupation *Carpenter*
 Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Widowed ☐ Divorced ☐ Number of children living *5*
 Husband of *Susan T. Nelson*
 Wife of *Susan T. Nelson*
 Father's Name *Susan T. Nelson* Mother's Maiden Name *Susan T. Nelson*
 Cause of Death { Primary *Apoplexy* Immediate *bat* How long sick *2 days*
 Accident, Suicide, Homicide ☐
 Reported by *G. T. Summons*
 Address *Crisfield Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

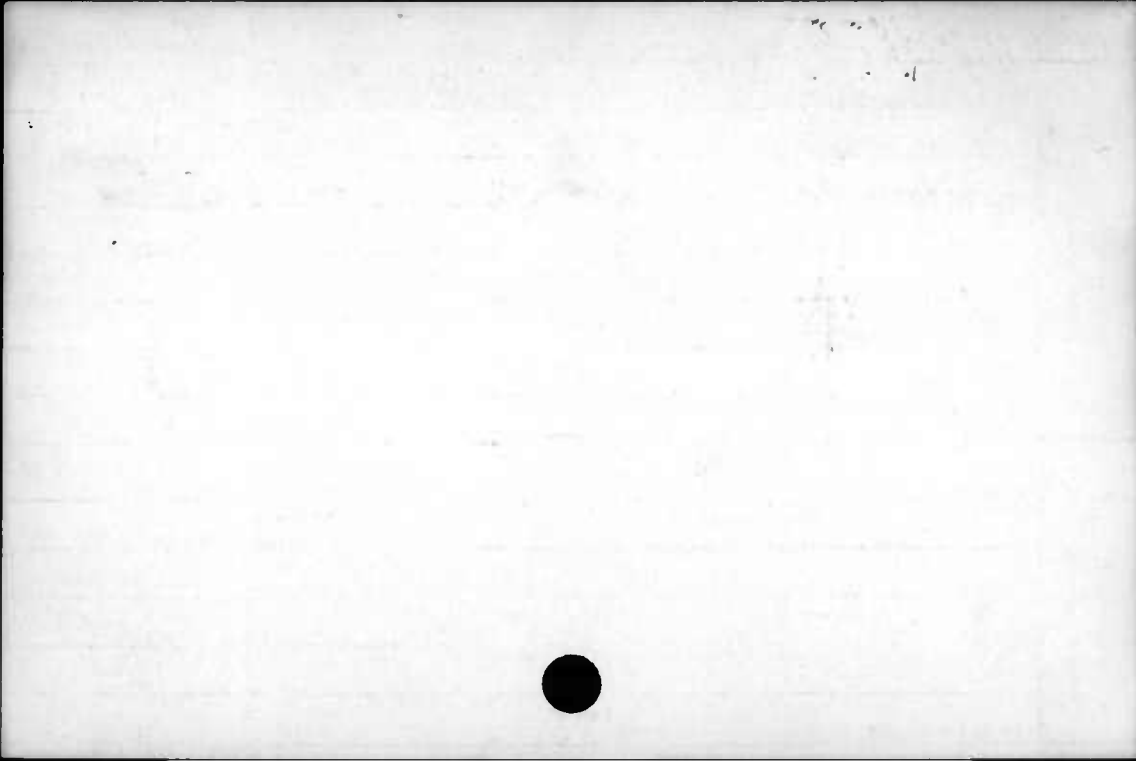
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Crisfield</i> <small>Town</small>		<i>Somerset</i> <small>County</small>		MARYLAND	
Date of death 190	<i>3</i> <small>Month</small>	<i>May</i>	Day <i>15</i>	Age <i>62</i> <small>Years</small>	Months Days
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Portugal</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Vessel Riggin</i>				
Name of Wife or Husband <i>Martha</i>					
Father's Name <i>_____</i>			Father's Birthplace <i>_____</i>		
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>123 _____</i>		
Name of person giving information <i>Joseph Pinto Jr.</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Papillomata of Bladder</i>	How long <i>6 months</i>
Immediate	<i>Haemorrhage of Bladder</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>G. J. Simonson</i>
		Address <i>Crisfield, Md</i>
Accident or Suicide? <input type="checkbox"/>		



Name in Full

Certificate of Death

~~Cottage Grove~~ John Richardson
 Town County

Died at Cottage Grove, Emmet MARYLAND

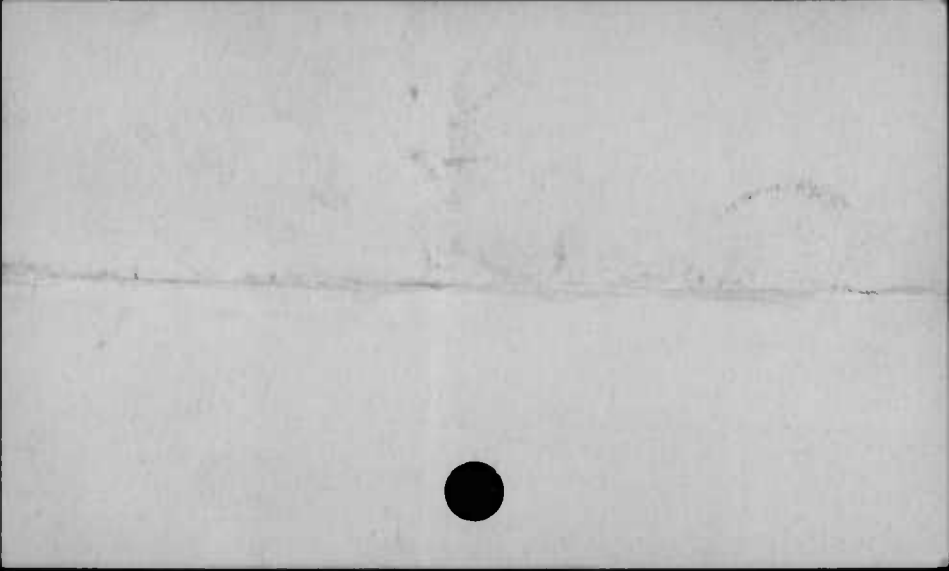
Date 1903 Month 5 Day 28 Age 68 Y. M. D. 0-2 Native of Md Occupation Farmer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 6

Husband of Mrs. Martha Richardson
 Wife John Richardson
 Father's Name John Richardson Mother's Name Dr. H. K.

Cause of Death Primary Phthisis
 Immediate Cause of Death
 How long sick one year
 Accident, Suicide, Homicide

Reported by Dr. Fred Adams
 Address Kearsarge City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Hopewell

County

Somerset

MARYLAND

Date

of death 1903

May

Day

21

Age

Years

70 about

Months

Days

Sex

Male

Color or
Race

Black

Birth-
placeMarried, ~~Single~~

Occupation

Labour-Farmer

Name of Wife or
~~Husband~~

Emma Roach

Father's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
in information

Tom Roach

How related
to deceased

CAUSES OF DEATH

Primary

Paralysis

How long

Five days

Immediate

Cardiac asthma

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm H. Oulbourn
Lisfield
Md.PHYSICIAN
OR CORONER



Name in Full

Mrs. Mary Jane Thomas

Town

County

Died at

Deal Island

Somerset

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1903

May 2

Age

63

Md

Housekeeper

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of Elisha Thomas

Wife

Father's

Name

Thomson Parks

Mother's

Name

Eliza Benson

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Asthma

~~Accident, Suicide, Homicide~~

Reported by

H. G. Alexander

Address

Deal Island

Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Crisfield</i>		County <i>Somerset</i>		MARYLAND	
Date of death 1903	Month <i>May</i>	Day <i>22</i>	Age <i>46</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Married, Single or Widowed	<i>Married</i>		Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Wm. Tull</i>							
Father's Name <i>Wm. Lauckford</i>				Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Grace Lauckford</i>				Mother's Birthplace <i>"</i>			
Name of person giving Information <i>Wm. Tull</i>				<i>43</i>		How related to deceased <i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Carcinoma of breast</i>	How long	<i>2 yrs</i>
Immediate	<i>Septic Poison</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>C. C. Ward</i>	
<i>Yes</i>		Address <i>Crisfield</i>	
Accident or Suicide? <i>No</i>			



Name in Full

Certificate of Death

Elisha E Hard

Died at

Town

County

Hopewell Somerset

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

03

5

4

Age

69

Md

merchant

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widow~~

Number of children living

7

Husband

of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Mother's

Name

How long sick

one year

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name In Full

Certificate of Death

Peter Durham Whittington

Town

County

Died at

Marion, Somerset,

MARYLAND

Date 1903.

Month

Day

Y.

M.

D.

Native of

Occupation

May 20 Age 92 Maryland, Farming

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

Widower

Number of children living

12

Husband

of

~~Wife~~

Sallie Lord

Father's

Mother's

Name

Durham Whittington

Maiden Name

Leah Dixon

Cause of

Primary

Organic heart disease, Comp. 12 months

Death

Immediate

with Bright's
nephritis

How long sick

~~Accident, Suicide, Homicide~~

Reported by

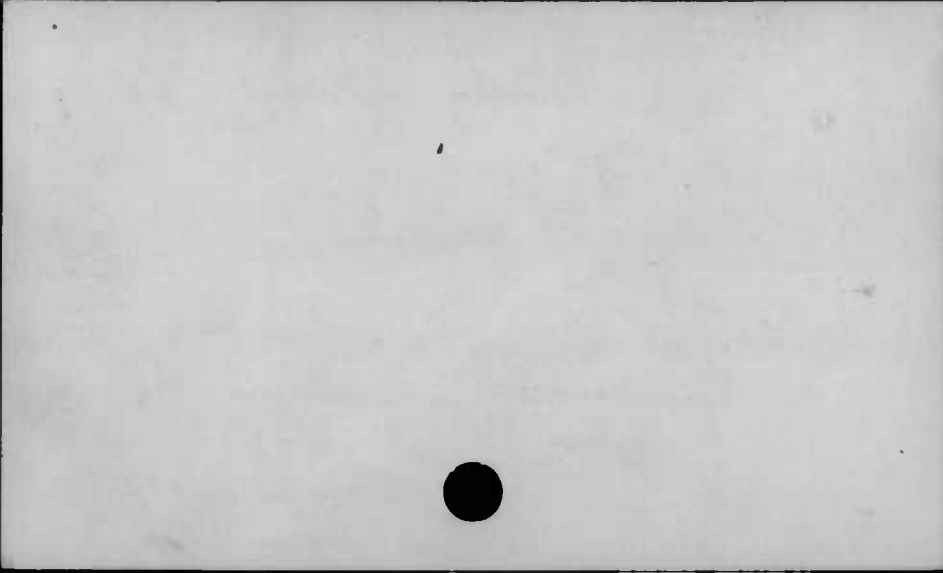
O. B. B. Bruce, Jr., M.D.

Address

Marion Sta. Somerset Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Margaret Hilling

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chase</i> Town		<i>Somerset</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>21st</i>	Age <i>78</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Somerset Co.</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>—</i>				
Name of Wife or Husband <i>Hazel Leah Hilling</i>					
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Edward Hilling</i>				How related to deceased <i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitral Insufficiency</i>	How long <i>8 years</i>
Immediate <i>Cardiac Dilatation</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>S. J. Winder, M.D.</i>
	Address <i>Druid Street, Somerset Co., Md.</i>
Accident or Suicide?	

